

Colon Cancer

Right-Sided cancers bleed while **Left-Sided** cancers obstruct. Suspect cancer in a **post-menopausal woman** or any age man with an **Iron Deficiency Anemia**, or in any aged patient with a **change in stool caliber** (alternating constipation and diarrhea or pencil thin stools). Diagnosis comes in the form of a biopsy, achieved with **colonoscopy**. Screening begins at **50 years old** or 10 years before the first degree relative. Screening is with either FOBTq1y, FOBTq3y+FlexSig q5y, or Colon q10y.

Ulcerative Colitis

This is a medical disease that can be treated with surgery when it's **refractory to medical treatment** or with long-standing disease (**>8 years = malignant transformation**). Do surgery to remove the **anal mucosa** (which is always involved) through the entire **affected mucosa**. This is usually **curative** for UC (unlike for Crohn's, where surgery is not curative). Surveillance, **q1y colonoscopy**, is needed at year 8 from diagnosis.

Crohn's = Fistulas

Surgeons should stay away from **Crohn's disease**. However severe Crohn's will need a surgeon from time to time. This comes in the form of an **infection or abscess** (ischiorectal) which are treated with drainage and antibiotics. The other time a surgeon is needed is for fistulas. Fistulas can be anywhere - the ones we care about are to the **vagina, urethra, skin, or bladder**. Because of chronic inflammation, fistulas will not heal. Patients will present with **fecal soiling**. Probe the fistula on exam to diagnose it, then a **fistulotomy** to remove it. Surgery is NOT curative.

Hemorrhoids

There are two types of hemorrhoids - **External hurt** while **Internal Bleed** (bright red blood on toilet paper or stool). When medical therapy (**sitz baths, lidocaine jelly**) fails, you can **resect external or band internal**. Be cautious to leave endogenous mucosa so as to prevent stenosis of the anal opening.

Anal Fissures

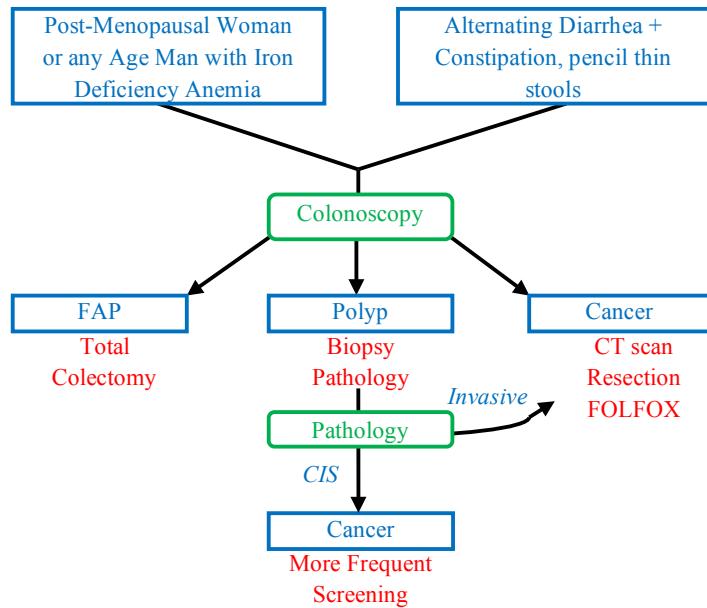
Caused by an abnormally **tight sphincter**, the mucosa tears with passage of stools. It presents as **pain on defecation that lasts for hours**. A physical exam (which may need to be done under anesthesia) will reveal the fissure. Try **sitz baths, NTG paste, or Botulism**. After that fails (and it usually does), do a **lateral internal sphincterotomy** to release the tension.

Anal Cancer

A **squamous cell carcinoma** caused by **HPV**. It's common in **HIV positive males** and people who engage in **anal receptive sex**. An **anal pap** can be done for high risk patients. Diagnosis is made by **biopsy**. Treat with the **Nigro Protocol** (chemo-radiation) followed by resection if necessary, usually surgery is not needed.

Pilonidal Cyst

An abscess of an **infected follicle** found on the small of the back. It requires a **hairy butt** to get the disease, but it's probably a **congenital defect** that allows the hair to travel into the skin. Treat with **drainage** followed by **resection**.



UC and Crohn's are discussed in detail in GI inflammatory bowel